UNITE STATES PATENT & TRADEMAR OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7-15-04 2 Serial/Patent # 69/147521					
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
Filing				7/9	\$ 770
Amendment				, ,	\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition				7/9	\$ 130
Issue		•		1 1	\$
Cert of Correction/Terminal Disc.					\$.
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT S 900			\$ 900
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		, 03-0172			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: FNCKS TITLE: Kets EXN					
SIGNATURE:					
office: 4780					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B